


## CRIMINAL CASE COVER SHEET

By: <input checked="" type="checkbox"/> INDICTMENT <input type="checkbox"/> SUPERSEDING Case Number: _____	
<input type="checkbox"/> INFORMATION (Requires AO 455 Waiver of Indictment for Felony Cases)	
<input type="checkbox"/> RULE 20	
USA V. <u>Brandy M. Thornton</u>	
<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Class A Misdemeanor (AO86A Consent form required at Initial Appearance) <input type="checkbox"/> Misdemeanor (Not class A) <input type="checkbox"/> Petty Offense	
<input type="checkbox"/> Defendant is being added to existing criminal case <span style="float: right;">Immigration Cases</span> <input type="checkbox"/> Charges/Counts Added <span style="float: right;"><input type="checkbox"/> Zone A <input type="checkbox"/> Zone B</span>	
Name of Assigned AUSA: <u>Kevin S. Quencer</u>	
Matter Sealed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Offense: <u>Sevier County</u>
<input type="checkbox"/> Interpreter Required Language: _____	
Issue: <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> SUMMONS <input type="checkbox"/> WRIT (Motion to be filed)	
Arresting Agency: <input type="checkbox"/> DEA <input type="checkbox"/> ATF <input type="checkbox"/> USMS <input checked="" type="checkbox"/> FBI <input type="checkbox"/> Other: _____	
Current Trial Date (if any): _____ before Judge _____	
<input type="checkbox"/> Criminal Complaint Filed	Case Number: _____
<input type="checkbox"/> Defendant on Supervised Release	Case Number: _____
Related Case/Attorney:	
Case Number _____	Attorney _____
Reason for Related Case Determination _____	
Defense Counsel (if any): _____	
<input type="checkbox"/> Federal Defender	<input type="checkbox"/> CJA <input type="checkbox"/> Retained
Appointed by Target Letter	Case Number: _____
Appointed in Pending Indictment	Case Number: _____

CHARGES: Total # of Counts for this Defendant 3

(Attach additional page, if needed)

Attorney Signature 

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USA v. Brandy M. Thornton

(Continued from Page 1)

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